

MULTIPLE DEPENDENT CLAIM

FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576595

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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5		/		/		
6		①		/		
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12		2		/		
13		②		/		
14		③		/		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	20	←	16	←		←
TOTAL CLAIMS	23		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						